

(Type in this box only)

2700 INTERNAL TRANSFER REQUEST FOR S.N.

12 51322

DATE: <u>5-14</u>	FROM: _____ (print name)
FORWARD TO: A. Art Unit: <u>2642</u> B. Class: <u>379</u> C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input checked="" type="checkbox"/> (check box) C. See Abstract <input checked="" type="checkbox"/> (check box) D. See Claim(s): <u>X</u>

FURTHER EXPLANATION IF NEEDED:

Call refg - No Wireless

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER <div style="background-color: black; width: 200px; height: 50px;"></div>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: